

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027407

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUL 22 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH

a. COUNTY

BUTLER

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

POPLAR BLUFF

Length of stay in 1b

30 DAYS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

VA HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY RIPLEY

c. CITY
OR TOWN

DONIPHAN

Inside Limits
Yes ☐ No ☒d. STREET
ADDRESS

(If outside, give location)

ROUTE #2

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

HERMAN

Middle

CLYDE

Last

BROWN

4. DATE
OF DEATH

Month

JULY

Day

14

Year

1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-28-87

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMING

10b. KIND OF BUSINESS OR INDUSTRY

FARMING

11. BIRTHPLACE (City and state or country)

AMES, IOWA

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

BENJAMIN BROWN

13b. MOTHER'S MAIDEN NAME

ARVELLA CHASE

14. NAME OF HUSBAND OR WIFE

MARTHA BROWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

YES

WW I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

VA HOSPITAL RECORDS, POPLAR BLUFF, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ACUTE CORONARY OCCLUSION

INTERVAL BETWEEN
ONSET AND DEATH
12 hrs.Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

ARTERIOSCLEROTIC HEART DISEASE

5 Yrs.

DUE TO (c)

GENERALIZED ARTERIOSCLEROSIS

5 Yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

UPPER GI BLEEDING

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY
Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., In or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

VA 6-14-63

7-14-63

21. I attended the deceased from _____ to _____ and last saw him alive on _____
Death occurred at 1:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

G. L. BASHAM

M. D. Act. Chief, Med. Svcs. VA Hospital, Poplar Bluff, Mo.

22b. ADDRESS

22c. DATE SIGNED

7-15-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

7-15-63

23c. NAME OF CEMETERY OR CREMATORY

Black Cemetery

23d. LOCATION (City, town, or county)

Palatka, Arkansas

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Edwards Funeral Home Doniphan, Mo. 7/19/1963.

Shelma Basham

(Licensed Embalmer's Statement on Reverse Side)

YEARLY CERTIFICATE

RELATIVE

DATE

REVIEW BOARD

NAME

ADDRESS

AGE

SEX

EDUCATION

RELIGION

DECEASED

CAUSE

DATE

PLACE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by Jack L. Cunningham Student Embalmer No. 676

working under my personal supervision.

Student Jack L. Cunningham
Signature of Student Embalmer

Signed [Signature]

Licensed Embalmer No. 4809

P. O. Address Naylor, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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90190

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